

EMSC Connects

Volume 5, Issue 7

July 2016

Emergency Medical Services for Children
Utah Bureau of EMS and Preparedness

Special points of interest:

- Review of EMSC Coordinators workshop
- CPR in the high schools
- Family Centered Care
- Summer Safety

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A Word From Our Program Manager

July is a month for celebrations, the birth of our country and Utah Pioneer Day. Fireworks are used by many to celebrate the founding of cities, states and this great country of ours.

I have to be honest. I would enjoy the celebrations more if we only had public displays for fireworks, with trained fire personnel to manage mishaps and medical personnel to manage injuries. At least in my neighborhood, these holidays and the ability to celebrate with fireworks seem to render people of their common sense and common courtesy. Fireworks go off throughout the month of July at all hours of the night. Animal shelters fill up with stray pets frightened from the noise and children are injured by fireworks each year. According to the Consumer Protection Safety Commission. 58% of firework related injuries happen to children under the age of 19. During the 4th of July celebration period, over 230 people on average go to the emergency room for firework related injuries. Firecrackers and sparklers cause 40 % of the injuries.

The commission has a great [Firework Injuries infographic](#) that can be downloaded and can easily be printed as

an 8 ½ by 11 poster. The best part of the infographic is the list of safety tips beginning with: NEVER allow children to play with or ignite fireworks.



"The United States is the only country with a known birthday."
James G. Blaine

At our recent EMSC coordinator workshop, we had an excellent update on burn care from Annette Matherly, RN, from the [Utah Burn Center](#). They have great resources for

emergency healthcare providers on their website. This might be a good time of year to review burn treatment skills as fireworks, grills and firepits abound.

I hope you all enjoy a festive and safe holiday season. Thank you for all you do and your continued support in caring for the children of Utah.

Jolene Whitney
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To submit or subscribe to this newsletter

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Pedi Points

Tia Dalrymple RN, BSN

Last month the EMSC Coordinator Program met together for our annual workshop. Our Coordinators are the eyes, ears, and heart of this program. They are the EMSC representative for your counties. Each plays a key role in circulating pediatric education across the state. They network with all pediatric healthcare providers; pre-hospital providers, hospitals, and even clinics and doctor's offices within your counties. They are instructors who work to promote good pediatric healthcare by 1) teaching and coordinating educational programs and 2) promoting and conducting injury prevention activities. During our workshop we enjoy face time, give the Coordinators exclusive pediatric training, and get feedback from them on how Utah's EMSC program can be improved. These are good people to know, especially if you'd like your voice heard. If you would like to learn more about the position or how to contact your county EMSC Coordinator, check out our website, <https://health.utah.gov/ems/emsc/coordinators.html>

Our newsletter this month will review some of the hot topics discussed at our Coordinators workshop this year. Enjoy and Happy Independence Day!



Happenings

Linda Maynes, Utah Board of Education

CPR in High Schools

In 2014 the American Heart Association and representative Mel Brown successfully lobbied for funds to bring CPR to high school students in Utah. The initiative provides \$200,000.00 for Utah's 35,000 sophomore students.

The performance measures or accountability in managing this money is that the plan will...

- Ensure that all school districts are aware of the funding
- Track the number of students who are trained
- Track and report those students who use CPR or an AED because of the training they received
- Include hands on CPR training from an instructional program

These training funds will be overseen by the Utah State Board of Education with Linda Mayne as contact (linda.mayne@schools.utah.gov). After a district submits an application, pending approval, the school will conduct the training and they will be reimbursed.

What does this have to do with EMS?

Help your community use this money. Your school will need CPR instructors. Anyone trained in the American's Hearts BLS program will qualify but who better than a community EMS healthcare provider? Those who actually use the CPR skills in real life? I do not need to tell this group about the importance of first responders in increasing the chances for survival during cardiac arrest. Through this program, and with this available money you can be reimbursed for your teaching time (up to \$6.00 per student). Take the initiative and approach your schools with a plan. Help us create a generation of life savers! Questions? Email Linda.mayne@schools.utah.gov

"Help us create
a generation of
life savers"

Did You Know?

IRECC has created a Patient- and Family-Centered Care module online for education and CE!

Intermountain Region EMSC Coordinating Council (IRECC) represents some of the states within the Intermountain West, that have united to coordinate and share EMS for Children resources. The most recent resource developed and now available at this direct link <http://emed.unm.edu/pem/programs/ems-for-children-emsc/emsc-online-collaborative-course-directory.html>

And there is a list of other great courses at www.pediatricemergencytraining.com

FAMILY CENTERED CARE

ALL PROVIDERS

- Family Centered Care is a mutually collaborative health care effort between family, patient and provider and has proven to be the gold standard in dealing with the pediatric patient and their families.
- Demonstration of Family Centered Care is in one's actions and behaviors when caring for patients.

Treatment Plan (develop and implement plan based on assessment findings, resources, and training)

- Family centered care is demonstrated in practice, not just policy development.

Collaboration with Families: Empower the patient and the family by involving them in the care as well as the decision making process.

Family Centered care is a skill requiring competency and caring. Like any other fine-tuned skill it requires practice.

Gather staff and develop language on how to describe the situation so information is consistent.

Cultural Competency: Respect, sensitivity, and an understanding of the unique cultural and religious differences.

Be aware of any language barriers.

If at all possible engage an interpreter that is able to understand some of the emotional issues as well as medical terminology associated with a trauma.

An understanding of the hierarchy of the family is key to a positive outcome.

Developmental Competency: Use appropriate language for the age.

When in pain or hurt children often regress to childhood issues or more infantile responses. They may still need attachment items late in life.

Describe what you will be doing.

Use eye contact and touch when appropriate.

Be respectful at all times.

Infants: General calming measures (Soft voices, gentle pats, pacifiers or rocking), allow parents to stay close and bonded with the child and help them to anticipate the situation if possible.

Toddlers: Use toys, teddy bear, blanket, etc. for comfort. Parents or family members are often a great source of comfort and nurturing, allow them to be present.

School Age: Attachment objects, honesty about procedures, imaginary thinking (I made the car crash, I told a lie and that is why mom is hurt) Refrain from conversations about a child's treatment unless you are including them.

Adolescents: Physician and provider honesty is key as well as paying attention to pain...Help them to participate in their own care and take their views seriously. Focus on giving them some sense of control. Pain management is key. Adolescents as well as adults are afraid of pain. The anticipation of pain can be worse than the pain itself. Some transitional objects/toys/stuffed animals can also be useful. Respect their privacy and modesty as much as possible. Allow them to discuss what is happening both with and without caregivers around.

Key Considerations

- Family Centered Care = compassion
- Include family members in resuscitation and care decision making as they desire and are capable. If possible, designate a crew member to be a liaison to the family in order to facilitate communication and continuity.

An Ounce of Prevention
From the American Academy of Pediatrics
www.healthychildren.org

Bug Safety	Playground Safety	Bike Safety	Lawn Mower Safety
<p>Don't use scented soaps, perfumes or hair sprays on your child.</p> <p>Avoid areas where insects nest or congregate, such as stagnant pools of water, uncovered foods and gardens where flowers are in bloom.</p> <p>Combination sunscreen/insect repellent products should be avoided because sunscreen needs to be reapplied every two hours, but the insect repellent should not be reapplied.</p> <p>Use insect repellents containing DEET when needed to prevent insect-related diseases. Ticks can transmit Lyme Disease, and mosquitoes can transmit West Nile Virus and other viruses.</p>	<p>Equipment should be carefully maintained. Open "S" hooks or protruding bolt ends can be hazardous.</p> <p>Make sure children cannot reach any moving parts that might pinch or trap any body part.</p> <p>Never attach—or allow children to attach—ropes, jump ropes, leashes, or similar items to play equipment; children can strangle on these. If you see something tied to the playground, remove it or call the playground operator to remove it.</p> <p>Metal, rubber and plastic products can get very hot in the summer, especially under direct sun.</p> <p>Do not allow children to play barefoot on the playground.</p> <p>Parents should supervise children on play equipment to make sure they are safe.</p>	<p>The value of a properly fitting bike far outweighs the value of surprising your child with a new one. Buy a bike that is the right size, not one your child has to "grow into." Oversized bikes are especially dangerous.</p> <p>Your child needs to wear a helmet on every bike ride, no matter how short or how close to home. Many injuries happen in driveways, on sidewalks, and on bike paths, not just on streets. Children learn best by observing you. Set the example: Whenever you ride, put on your helmet.</p> <p>A helmet should be worn so that it is level on the head and covers the forehead, not tipped forward or backwards. The strap should be securely fastened with about 2 fingers able to fit between chin and strap. The helmet should be snug on the head, but not overly tight. Skin should move with the helmet when moved side to side. If needed, the helmet's sizing pads can help improve the fit.</p>	<p>Children younger than 16 years should not be allowed to use ride-on mowers. Children younger than 12 years should not use walk-behind mowers.</p> <p>Make sure that sturdy shoes (not sandals or sneakers) are worn while mowing.</p> <p>Prevent injuries from flying objects, such as stones or toys, by picking up objects from the lawn before mowing begins. Have anyone who uses a mower wear hearing and eye protection.</p> <p>Do not allow children to ride as passengers on ride-on mowers.</p> <p>Keep children out of the yard while mowing.</p> <p>Keep guards, shields, switches, and safety devices in proper working order at all times.</p>

News From National



New AAP Report on Suicide & Suicide Attempts in Adolescents

Family doctors should screen teens for suicide risks in the wake of new information that shows suicide is the second leading cause of death among teens, according American Academy of Pediatrics report.

In the report, the academy provides pediatricians with guidelines on how to identify and assist at-risk teens between the age of 15 to 19.

[Check out the link](#)

July 2016

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4 	5	6	7 PGR	8	9
10	11	12	13	14 PGR	15	16
17	18	19	20 Western Peds Trauma Con	21 PGR	22	23
24 	25	26	27	28 PGR	29	30
31						

Pediatric Education Around the State

Pediatric Grand Rounds (PGR) are educational/CME offerings webcast weekly (Sept-May) you can watch live or archived presentations. It is geared towards hospital personnel. But will certify as BEMSP CME Access at <https://intermountainhealthcare.org/locations/primary-childrens-hospital/for-referring-physicians/pediatric-grand-rounds/>

EMS Grand Rounds (EGR) This offering alternates with Trauma Grand Rounds every other month, it is geared towards EMS. Live viewings qualify for CME credit.

There are 2 ways to watch

1. Live real time viewing via the internet at: www.emsgroundrounds.com If you would like to receive CME for viewing this presentation live, email Zach Robinson (Zachary.robinson@hsc.utah.edu)
2. Delayed viewing at your personal convenience, a week after the presentation at: www.emsgroundrounds.com

Upcoming Peds Classes, 2016

For PEPP and PALS classes throughout the state contact Andy Ostler Aostler@utah.gov

Initial PEPP classes

Renewal PEPP classes

For PALS and ENPC classes in Filmore, Delta and MVH contact Kris Shields at shields57@gmail.com

Save the Date

July 20-22, 2016 [Western Pediatric Trauma Conference](#) hosted in Aspen Colorado

October 6-7, 2016 [Issues in Pediatric Care Conference](#)

September 8, 2016 Milford Memorial Hospital Health Fair

September 9, 2016 [Utah Trauma Network Conference](#)



Emergency Medical Services for Children

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Follow us on the web

<http://health.utah.gov/ems/emsc/>

and on Twitter: EMSCUtah

The Emergency Medical Services for Children (EMSC) Program aims to ensure that emergency medical care for the ill and injured child or adolescent is well integrated into an emergency medical service system. We work to ensure that the system is backed by optimal resources and that the entire spectrum of emergency services (prevention, acute care, and rehabilitation) is provided to children and adolescents, no matter where they live, attend school or travel.

2016 EMSC Workshop



Congrats to **Roland Barlow** our
EMSC Coordinator of the Year

